

*Orig.*

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
BROWNSVILLE DIVISION

United States District Court  
Southern District of Texas  
FILED

MAR 02 2015

STATE OF TEXAS, ET AL.,  
Plaintiffs,

David J. Bradley, Clerk of Court

v.

CIVIL NO.B-14-254

UNITED STATES OF AMERICA, ET AL.,  
Defendants,

NOTICE OF APPEAL

The Intervenor Mitchell Williams hereby gives notice of his Appeal of the ORDER entered in this proceeding on February 11, 2015. Appeal is taken to the 5th Circuit Court of Appeals in New Orleans.

*Mitchell Williams*

CERTIFICATE OF SERVICE

This is to certify that I have served a copy of this NOTICE to responding parties by U.S. Mail prepaid and addressed to; Office of the Clerk, U.S. Courthouse, 600 E. Harrison Street #101, Brownsville, Texas 78520-7114, Attorney General's Office of Texas 209 W. 14th Street, Austin, Tx 78701, Attorney General of the United States Erich Holder, Washington, DC 20500 FEB 26, 2015

*Mitchell Williams*

Mitchell Williams  
POB 33  
Palatka, Fl 32178  
386 329-8603

## U.S. CIRCUIT COURT OF APPEALS FOR THE 5th CIR.

For Official Use

Appellant or Petitioner: Please print or type.

Mitchell Williams

-vs-

Petition for Waiver  
of Fees/Costs -  
Affidavit of Indigency

Respondent:

STATE OF TEXAS, ET AL, UNITED STATES

Case No. \_\_\_\_\_

Under oath I state that because of poverty, I am unable to pay the costs of this action, proceeding, or appeal, or to give security for those costs, and request waiver of those costs. I am attaching and incorporating into this affidavit a brief statement of the nature of the appeal or petition and the relief requested.

Complete Section 1 or 2, as appropriate.

## Section 1.

 I currently receive:

<input checked="" type="checkbox"/> Supplemental security income	<input type="checkbox"/> Relief funded under Wis. Stats. §59.53(21)	<input checked="" type="checkbox"/> Medical assistance
<input type="checkbox"/> Food stamps	<input type="checkbox"/> Relief funded under public assistance	
<input type="checkbox"/> Benefits for veterans under §45.351(1) or 38 USC 501-562		
<input type="checkbox"/> Legal representation from a civil legal services program, a public defender program, or a volunteer attorney program based on indigency. Name of program: _____		
<input type="checkbox"/> Other means-tested public assistance: _____		

My financial situation  has  has not changed since I became eligible for this program.

*If you checked the "has" box, and such changes would make you ineligible for the program(s) if you applied today, you must complete Section 2 below.*

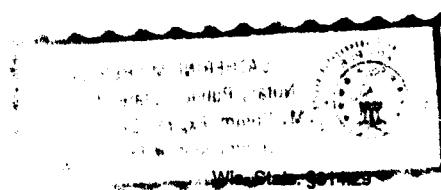
## Section 2.

*Complete this section only if you do not qualify under Section 1 above, or if the instructions for that section require you to complete it.*

1. I  am  am not married.
2. I  am  am not employed. Name of employer: \_\_\_\_\_
3. I earn \$ \_\_\_\_\_ gross  weekly.  every 2 weeks.  twice monthly.  monthly.  
My take-home pay is \$ \_\_\_\_\_ per payperiod.
4. I receive monthly income totaling the amount of \$ \_\_\_\_\_ from:  
 Pension       Social security       Unemployment compensation  
 Disability       Student loans/grants       Other: \_\_\_\_\_
5. I have the following cash assets:  
 Savings accounts: \$ \_\_\_\_\_       Cash: \$ \_\_\_\_\_  
 Checking accounts: \$ \_\_\_\_\_       Money owed me: \$ \_\_\_\_\_
6. I have the following other assets:  
 Vehicle-Yr./Make: \_\_\_\_\_ \$ \_\_\_\_\_       Household furnishings: \$ \_\_\_\_\_  
 Vehicle-Yr./Make: \_\_\_\_\_ \$ \_\_\_\_\_       Equity in real estate: \$ \_\_\_\_\_  
 Other individual assets valued over \$200 each: \_\_\_\_\_ \$ \_\_\_\_\_

Continued on Page 2

\*\*File original with the Clerk of the Supreme Court – Court of Appeals.\*\*



**Section 2 Continued:**

7. My household consists of myself and \_\_\_\_\_ others:

Full name: \_\_\_\_\_  
 Full name: \_\_\_\_\_  
 Full name: \_\_\_\_\_  
 Full name: \_\_\_\_\_  
 Full name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_  
 Relationship to me: \_\_\_\_\_  
 Relationship to me: \_\_\_\_\_  
 Relationship to me: \_\_\_\_\_  
 Relationship to me: \_\_\_\_\_

Under age 18  Yes  No  
 Under age 18  Yes  No

8. The other members of my household have monthly income totaling the amount of \$ \_\_\_\_\_ from:

<input type="checkbox"/> Wages	<input type="checkbox"/> Social security	<input type="checkbox"/> Relief funded under public assistance	<input type="checkbox"/> Food stamps
<input type="checkbox"/> Pension	<input type="checkbox"/> Student loans/grants	<input type="checkbox"/> Unemployment compensation	<input type="checkbox"/> Supplemental security income
<input type="checkbox"/> Disability	<input type="checkbox"/> Relief funded under §59.53(21), Wisconsin Statutes		<input type="checkbox"/> Support/maintenance
<input type="checkbox"/> Other: _____			

9. I do not receive income from any source because:

---

---

---

---

---

10. I have the following unusual debts or expenses, other than ordinary living expenses:

*This can include attorneys fees or cash bail, if applicable.*

Type:

Amount:

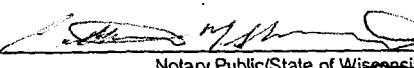
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

11. Anticipated transcript costs for this appeal (as represented to me by the court reporter): \$ \_\_\_\_\_

**Note:**

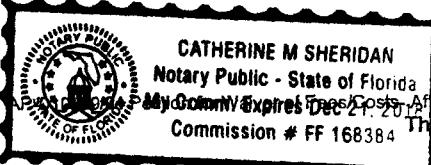
- You may attach a brief explanation of circumstances you feel the court should be made aware of in determining indigency.
- If you are a prisoner who is requesting permission to file an appeal or other proceeding in the supreme court or court of appeals without having to pay fees or costs, you are considered to have consented to the court ordering the prison to deduct the unpaid fees and costs from the prisoner's account if you lose the appeal or other proceeding. Wis. Stats. §814.29(3).

Subscribed and sworn to before me

on 2-26-15

 Notary Public/State of Wisconsin FLORIDA
My commission expires: 12-31-2018I understand that if my financial situation changes,  
I must notify the court immediately.

Timothy Mullinix 2/26/15  
 Date

Affiant



CATHERINE M SHERIDAN

Notary Public - State of Florida

My Commission Expires Dec 2018

Affidavit of Indigency

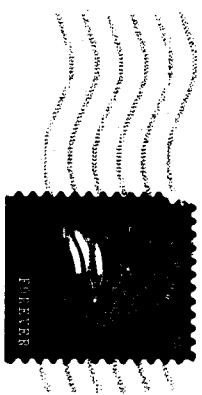
Wis. Stats. §814.29

Commission # FF 168384

This form may be supplemented with additional material.

Mitchell Villanueva  
POB 33  
Panaola, FL 32178

ORLANDO FL 328  
26 FEB 2015 PM 3:1



Office of Clerk  
U.S. Courthouse

600 E. Main Street #101  
Brownsville, TX 78520-7114

MAR - 2 2015

78520727326